



# Nevada MMIS 270/271 Transaction Companion Guide

Health Care Eligibility Benefit Inquiry and Response

HIPAA Version 5010

Nevada Medicaid Management Services

Department of Health and Human Services (DHHS)

Division of Health Care Financing and Policy (DHCFP)

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## Change history

The following Change History log contains a record of changes made to this document:

Published / revised	Section /Nature of change
2/03/2012	Initial version

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# 1. Introduction

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid and all other health insurance payers in the United States comply with the Electronic Data Interchange (EDI) standards for health care as established by the Secretary of Health and Human Services.

The X12N Health Care Implementation Guides have been established as the standards of compliance and are online at:

<http://store.x12.org/store/healthcare-5010-consolidated-guides>.

Additional information is on the Department of Health and Human Services website at <http://aspe.hhs.gov/admsimp>.

## 1.1. Purpose

The intended purpose of this document is to provide information such as registration, testing, support and specific transaction requirements to EDI trading partners that exchange X12 information with the Nevada Medicaid Agency.

An EDI trading partner is defined by Nevada Medicaid as anybody such as a provider, software vendor and clearinghouse that exchanges transactions adopted under HIPAA.

HPES has prepared this companion guide and website, <http://www.medicaid.nv.gov>, to support Nevada Medicaid and Nevada Check Up billing. (Hereafter, Nevada Medicaid and Nevada Check Up are referred to as Medicaid unless otherwise specified.)

This companion guide provides specific requirements for requesting and receiving eligibility, Third Party Liability (TPL), co-payment and service limit data from Magellan Medicaid Administration (MMA).

## 1.2. Intended use

The following information is intended to serve only as a companion guide to the HIPAA ANSI Accredited Standards Committee (ASC) X12N Technical Report Type 3 (TR3) document. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict any requirements in the ASC X12 TR3 document. Additional companion guides/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

## 2. Working together

Nevada Medicaid in an effort to assist the community with their electronic data exchange needs have the following options available for either contacting a help desk or referencing a website for further assistance.

Nevada Medicaid website: <http://www.medicaid.nv.gov>

### **EDI Helpdesk**

Monday – Friday

8:00 a.m. – 5:00 p.m. PT

Technical questions (claim submission or testing): 1-800-924-6741

Fax: 1-804-290-4805

Email: [DIGHELPDESK@magellanhealth.com](mailto:DIGHELPDESK@magellanhealth.com)

Enrollment or setup questions: 1-877 638-3472

Fax: 1-775-784-7932

Email: [nvedi@magellanhealth.com](mailto:nvedi@magellanhealth.com)

### 2.1. Trading partner registration

An EDI trading partner is any entity (provider, billing service, clearinghouse, software vendor, etc.) that transmits electronic data to and receives electronic data from another entity. Nevada Medicaid requires all trading partners to complete EDI registration regardless of the trading partner type as defined below. Contact the EDI Helpdesk to register.

- **Trading partner** is an entity engaged in the exchange or transmission of electronic transactions.
- **Vendor** is an entity that provides hardware, software and/or ongoing technical support for covered entities. In EDI, a vendor can be classified as a software vendor, billing or network service vendor or clearinghouse.
- **Software vendor** is an entity that creates software used by billing services, clearinghouses and providers/suppliers to conduct the exchange of electronic transactions.
- **Billing service** is a third party that prepares and/or submits claims for a provider.
- **Clearinghouse** is a third party that submits and/or exchanges electronic transactions on behalf of a provider.

Vendors must fill out a data switch agreement. The Trading Partner Data Switch agreement form is located at:

<http://www.medicaid.nv.gov>

## 2.2. Trading partner testing and certification

Nevada Medicaid requires that all newly registered trading partners complete basic transaction submission testing. Successful transaction submission and receipt of both valid responses and error responses is an indication that all systems involved can properly submit and receive transactions.

### 2.2.1. Trading partner ID

Once registration is completed the following IDs will be created:

- Test trading partner ID
- Production trading partner ID

These IDs are exclusive to the environment submitted and will not be accepted if submitted incorrectly.

### 2.2.2. Web user ID

Each entity will be assigned a personal identification number (PIN) that allows access to a secure website. The secure website allows for the uploading and downloading of electronic transactions. Separate PINs will be produced for testing and production.

### 2.2.3. Usage indicator

ISA15 of the HIPAA X12 transaction allows for the submission of either a T, to indicate testing, or a P, to indicate production. The following process is defined for these usage indicators:

T – May be submitted into the test and production environments. However, only a compliance check will be performed. The electronic files submitted with a T will not be translated for further processing.

P – May be submitted into the test and production environments. A compliance check will be performed and the files will be translated for further processing (edit, audit, adjudication and response).

### 2.2.4. Response files

- Functional acknowledgement (999)

The 999 will be returned for all 270 files that have been successfully uploaded. This response is intended to convey HIPAA compliance errors.



- Acknowledgement (TA1)

The TA1 will be returned for all 270 files that fail the Interchange Envelope content. This response is intended to report the status of processing on a failed interchange header and trailer.

- No 999 or TA1 acknowledgements will be returned for the 271.

### 2.2.5. Secure Web upload - tracking number

A tracking number will be assigned and returned online for each successful upload of an electronic file. This tracking number should be maintained if any questions should arise concerning the processing of the file. The following message will be returned:

"File was uploaded successfully. File tracking number is 0123456. Please make note of this number for future reference."

### 2.2.6. Error messages

If an electronic file fails to upload, an error message will be returned online.

The following messages will be returned:

- Error occurred. Error uploading file:
- Error occurred. Error gathering information for upload:
- The session has been timed out. Please try login again.

### 2.2.7. Secure website download – file retention

All electronic files that have been made available for download will remain available online for download as follows:

7 Days            999, TA1, 271, 277

30 Days          277U

90 Days          835

After the allotted time frame has passed the files will be removed from the list and will no longer be available for download. This applies to testing and production.

### 2.2.8. Testing transactions

The following transaction types are available for testing:

- 270 Eligibility Request/271 Eligibility Response
- 276 Claim Status Request/277 Claim Status Response
- 837D Dental Claim
- 837P Professional (CMS-1500) Claim
- 837I Institutional (UB-04) Claim
- 835 Electronic Remittance Advice
- 277U Unsolicited Claim Status

Testing data such as provider IDs and recipient IDs will not be provided. Users should submit recipient information and provider information as done so for production as the test environment is continually updated with production information.

There is not a limit to the number of files that may be submitted. Users will be allowed to move to production once a successfully compliant transaction is received and the appropriate responses returned.

## 2.3. Payer specific documentation

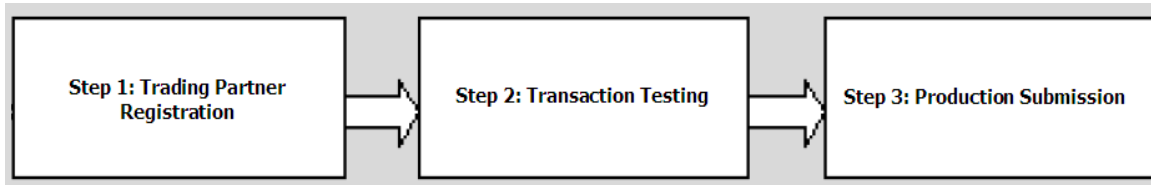
For additional information in regards to business processes related to eligibility, prior authorization and claims processing please review the Provider Manual located on the Nevada Medicaid website.

<http://www.medicaid.nv.gov>

For further information on specific payer prior authorization information please see the Nevada Medicaid website.

## 3. Connectivity/Communications

### 3.1. Process flows



### 3.2. Transmission procedures

#### **Availability**

24 hours/7 days a week

#### **Downtime notification**

HPES will notify the trading partners in the case of any planned downtime or unexpected downtime using email distribution.

#### **Re-transmission procedures**

Trading partners may call HPES for assistance in researching problems with submitted transactions. HPES will not edit trading partner data and/or resubmit transactions for processing on behalf of a trading partner. The trading partner must correct any errors found and resubmit.

### 3.3. Communication and security protocols

Vendors may find information regarding communication protocols in the Service Center User Manual.

[https://www.medicaid.nv.gov/downloads/provider/MMIS\\_Service\\_center\\_user\\_manual.pdf](https://www.medicaid.nv.gov/downloads/provider/MMIS_Service_center_user_manual.pdf)

## 4. Contact information

### 4.1. EDI customer service/technical assistance

#### **EDI Helpdesk**

Monday – Friday

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Fax: 1-775-784-7932

Email: [nvedi@magellanhealth.com](mailto:nvedi@magellanhealth.com)

### 4.2. Provider services

#### **Provider Relations Department**

The Provider Relations Department is composed of field representatives who are committed to assisting Nevada Medicaid providers in the submission of claims and the resolution of claims processing concerns.

#### **Provider Relations Call Center**

The Provider Relations Call Center communication specialists are available to respond to written and telephone inquiries from providers on billing questions and procedures, claim status, form orders, adjustments, use of the Automated Response System (ARS), electronic claims submission via electronic data interchange (EDI) and remittance advice (RAs).

Both departments can be reached by calling:

1-877-638-3472

## 5. Control segments/envelopes

NOTE: The page numbers listed below in each of the tables represent the corresponding page number in the X12N 270/271 HIPAA Implementation Guide.

<b>X12N EDI Control Segments</b>
ISA – Interchange Control Header Segment
IEA – Interchange Control Trailer Segment
GS – Functional Group Header Segment
GE – Functional Group Trailer Segment
ST – Transaction Set Header
SE – Transaction Set Trailer
TA1 – Interchange Acknowledgement

### 5.1. ISA–Control header - 270

Communications transport protocol interchange control header segment. This segment within the X12N implementation guide identifies the start of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file header record.

Segment	Name	Page in IG	Notes/Comments
ISA	Interchange Control Header		
ISA01	Authorization Information Qualifier	C.4	00 = No Authorization Information Present
ISA02	Authorization Information	C.4	Value is 10 spaces as field is fixed.
ISA03	Security Information Qualifier	C.4	00 = No Security Information Present
ISA04	Security Information	C.4	Value is 10 spaces as field is fixed.
ISA05	Interchange ID Qualifier	C.4	ZZ
ISA06	Interchange Sender ID	C.4	Use the 4-digit Service Center Code assigned by Magellan Medicaid Administration.
ISA07	Interchange ID Qualifier	C.5	ZZ
ISA08	Interchange Receiver ID	C.5	NVM FHSC FA
ISA09	Interchange Date	C.5	Format is YYMMDD

Segment	Name	Page in IG	Notes/Comments
ISA10	Interchange Time	C.5	Format is HHMM
ISA11	Repetition Separator	C.5	^
ISA12	Interchange Control Version Number	C.5	00501
ISA13	Interchange Control Number	C.5	Must be identical to Interchange Trailer IEA02
ISA14	Acknowledgment Requested	C.6	0 = No Interchange Acknowledgment Requested 1 = Interchange Acknowledgment Requested (TA1) Note: A TA1 will be generated regardless of the value used.
ISA15	Interchange Usage Indicator	C.6	P = Production Data T= Test Data
ISA16	Component Element Separator	C.6	:

## 5.2. ISA–Control header - 271

Communications transport protocol interchange control header segment. This segment within the X12N implementation guide identifies the start of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file header record.

Segment	Name	Page in IG	Notes/Comments
ISA	Interchange Control Header		
ISA01	Authorization Information Qualifier	C.4	00 = No Authorization Information Present
ISA02	Authorization Information	C.4	Value is 10 spaces as field is fixed length.
ISA03	Security Information Qualifier	C.4	00 = No Security Information Present
ISA04	Security Information	C.4	Value is 10 spaces as field is fixed length.

Segment	Name	Page in IG	Notes/Comments
ISA05	Interchange ID Qualifier	C.4	ZZ
ISA06	Interchange Sender ID	C.4	NVM FHSC FA followed by spaces as data element is fixed length.
ISA07	Interchange ID Qualifier	C.5	ZZ
ISA08	Interchange Receiver ID	C.5	The 4-digit Service Center Code will be returned as entered in the 270 inquiry followed by spaces as data element is fixed length.
ISA09	Interchange Date	C.5	Format is YYMMDD
ISA10	Interchange Time	C.5	Format is HHMM
ISA11	Repetition Separator	C.5	^
ISA12	Interchange Control Version Number	C.5	00501
ISA13	Interchange Control Number	C.5	Must be identical to Interchange Trailer IEA02
ISA14	Acknowledgment Requested	C.6	0 = No Interchange Acknowledgment Requested
ISA15	Interchange Usage Indicator	C.6	P = Production Data T = Test Data
ISA16	Component Element Separator	C.6	:

### 5.3. IEA–Control trailer

Communications transport protocol interchange control trailer segment. This segment within the X12N implementation guide defines the end of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file trailer record.

Segment	Name	Page in IG	Notes/Comments
IEA	Interchange Control Trailer		
IEA01	Number of Included Functional Groups	C.10	Number of Functional Groups (GS/GE)
IEA02	Interchange Control Number	C.10	Must be identical to ISA13

## 5.4. GS–Functional group header - 270

Communications transport protocol functional group header segment. This segment within the X12N implementation guide indicates the beginning of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch header record.

Segment	Name	Page in IG	Notes/Comments
GS	Functional Group Header		
GS01	Functional Identifier code	C.7	HS = Eligibility, Coverage, or Benefit Inquiry
GS02	Application Sender's Code	C.7	The 4-digit Service Center Code assigned by Magellan Medicaid Administration.
GS03	Application Receiver's Code	C.7	NVM FHSC FA
GS06	Group Control Number	C.8	Must be identical to GE02
GS07	Responsible Agency Code	C.8	X = Accredited Standards Committee X12
GS08	Version/Release /Industry Identifier Code	C.8	005010X279A1

## 5.5. GS–Functional group header - 271

Communications transport protocol functional group header segment. This segment within the X12N implementation guide indicates the beginning of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch header record.

Segment	Name	Page in IG	Notes/Comments
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GS	Functional Group Header		
GS01	Functional Identifier code	C.7	HB = Eligibility, Coverage, or Benefit Information
GS02	Application Sender's Code	C.7	NVM FHSC FA
GS03	Application Receiver's Code	C.7	The 4-digit Service Center Code assigned by Magellan Medicaid Administration.
GS04	Date	C.7	Will be set during processing in format of CCYYMMDD
GS05	Time	C.8	Will be set during processing in format of HHMM or HHMMSS
GS06	Group Control Number	C.8	Will be set during processing
GS07	Responsible Agency Code	C.8	X = Accredited Standards Committee X12
GS08	Version/Release /Industry Identifier Code	C.8	005010X279A1

## 5.6. GE–Functional group trailer

Communications transport protocol functional group trailer segment. This segment within the X12N implementation guide indicates the end of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch trailer record.

Segment	Name	Page in IG	Notes/Comments
GE	Functional Group Trailer		
GE01	Number of Transaction Sets Included	C.9	Number of included Transaction Sets
GE02	Group Control Number	C.9	Must be identical to the value in GS06

## 5.7. ST–Transaction set header - 270

Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment may be thought of traditionally as the claim header record.

Segment	Name	Page in IG	Notes/Comments
ST	Transaction Set Header		
ST01	Transaction Set Identifier Code	61	270
ST02	Transaction Set Control Number	61	Increment by 1 when multiple transaction sets are included; must be identical to SE02.
ST03	Implementation Convention Reference	62	005010X279A1

## 5.8. ST–Transaction set header - 271

Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment may be thought of traditionally as the claim header record.

Segment	Name	Page in IG	Notes/Comments
ST	Transaction Set Header		
ST01	Transaction Set Identifier Code	61	271
ST02	Transaction Set Control Number	61	Increment by 1 when multiple transaction sets are included; must be identical to SE02.
ST03	Implementation Convention Reference	62	005010X279A1

## 5.9. SE–Transaction set trailer

Communications transport protocol transaction set trailer. This segment within the X12N implementation guide indicates the end of the transaction set and provides the count of transmitted segments (including the beginning (ST) and ending (SE) segments). This segment may be thought of traditionally as the claim trailer record.

Segment	Name	Page in IG	Notes/Comments
SE	Transaction Set Trailer		
SE01	Transaction Segment Count	450	Number of segments included within the ST/SE segments
SE02	Transaction Set Control Number	450	Must be identical to ST02

## 6. Instruction tables

This table contains rows for each segment for which supplemental instruction is needed.

### 6.1.005010X279A1 Real-time and batch eligibility benefit inquiry (270)

Loop	Segment	Name	Page in IG	Comments
2100A	NM1	Information Source Name		
	NM103	Information Source Last or Organization Name	70	DHCFP
	NM108	Identification Code Qualifier	71	PI = Payer Identification
	NM109	Information Source Primary Identifier	71	NVM FHSC FA
2100B	NM1	Information Receiver Name		
	NM108	Identification Code Qualifier	77-78	SV = Service provider's Atypical Provider Identifier. XX = Service provider's National Provider Identifier (NPI).
	NM109	Information Receiver Identification Number	78	Use the provider's NPI or Atypical Provider Identifier.
2100C	NM1	Subscriber Name		
	NM108	Identification Code Qualifier	95	MI
	NM109	Subscriber Primary Identifier	96	Use the recipient's 11-digit Recipient ID.
2100C	DTP	Subscriber Date		
	DTP01	Date Time Qualifier	123	102 - Issue 291 = Plan

## 6.2.005010X279A1 Real-time and batch eligibility benefit inquiry (271)

Loop	Segment	Name	Page in IG	Comments
2100B	NM1	Information Receiver Name		
	NM109	Information Receiver Identification Number	235	The NPI or Atypical Provider Identifier will be returned as entered in the 270 inquiry.
2100C	NM1	Subscriber Name		
	NM108	Identification Code Qualifier	251	MI = Member ID Number
	NM109	Subscriber Primary Identifier	252	The 11-digit Recipient ID is returned in this field.
2100C	REF	Subscriber Additional Identifier		
	REF01	Reference Identification Qualifier	254-255	If EJ (Patient Account Number), SY (Social Security Number) or HJ (Recipient ID) was sent on the 270 inquiry, this value is returned here.

## 7. Payer specific business rules and limitations

The information when applicable under this section is intended to help the trading partner understand the business context of the EDI transaction.

### 7.1. Batch inquiries

Transaction 270 inquiries may be submitted in real-time mode or in batch mode.

Real-time mode, handles one inquiry at a time and the 271 response is returned immediately.

Batch mode can handle multiple recipients from multiple providers at one time with a single X12 batch file. The 271 responses are generally available for pickup the next business day. Larger batch inquiries or multiple batches may delay the response by one or more days.

### 7.2. Service limits

To inquire on service limits within the 270 request using the 2110C EQ segment, enter the appropriate 2-digit service type code below in the 270 request. If a service type is not shown below, Magellan Medicaid Administration does not supply limits for the service.

- Home Health Care (code 42)
- Home Health Visits (code 43)
- Psychiatric, Outpatient (code A8)
- Occupational Therapy, School Based and Non-school Based (code AD)
- Physical Medicine, School Based and Non-school Based (code AE)
- Speech Therapy (code AF)
- Substance Abuse (code AI)
- Optometry (code AL)
- Lenses (code AO)

If you do not enter a service type code, or if you enter service type code 30, service limits will not be returned in the 271 response.

The 271 response verifies only service limits applicable to the provider who is making the request. For example, psychiatric service limits are not reported to a dentist.

### 7.3. Delimiters

Magellan Medicaid Administration processes any standard X12N HIPAA set delimiter. Please refer to the ANSI X12N Implementation Guide for more information about delimiters.

The 271 response returns an error message if there is a problem with the request or response.

## 7.4. Availability and submission

Transaction 270 can be sent 7 days a week, 24 hours per day. Response times vary depending on if you submitted a real-time or batch transaction as described in the next section.

## 7.5. Recipient

To send a 270 inquiry, you will need one of the following:

- 11-digit recipient ID
- Recipient name and date of birth
- Recipient date of birth and Social Security number
- Recipient name and Social Security number

## 8. Acknowledgements and reports

### 8.1. Inquiry requirements

Inquiries require the provider's NPI or Atypical Provider Identifier.

- The NPI will be accepted in the NM109 segment, Loop 2100B with qualifier XX.
- The Atypical Provider Identifier will be accepted in the NM109 segment, Loop 2100B with qualifier SV.

### 8.2. Error messages

The 271 response returns an error message if there is a problem with the request or response.

This may occur for any of the following reasons:

- Syntax error
- Unknown requester
- Incorrect file format
- Incorrect/incomplete request
- Transmission-related problem
- Requested entity was not found
- Magellan Medicaid Administration system error